## REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election

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	ELEC	TIONS	DIVISI	하

obligations

Name of C	Committee Committee	to Elect Kelly	Minis	
Address_	P.O. Box 1037	Tupelo, MS	38802	ELECTIONS DIVIS
Telephone	· 769/610-3189	Fax		SECRETARY OF ST
Treasurer	Don O. Gleason	Email /160@	Kelly Mims. Com	
	Check here if above is different from	n previous report		
May	y 10, 2010 Periodic Report (Jai		REPORT April 30, 2010)	Mandatory
	ne 10, 2010 Periodic Report (M			
July	y 9, 2010 Periodic Report (June	e 1, 2010, through June	30, 2010)	Mandatory
Oct	tober 10, 2009 Periodic Report	(July 1, 2010, through	September 30, 2010)	Mandatory
Oct	tober 26, 2010 Pre-Election Re	port (October 1, 2010,	through October 23, 201	0)Mandatory
Nov	vember 16, 2010 Pre-Runoff Re	eport (October 24, 201	0, through November 13,	2010)Runoff Candidates
Jan	nuary 10, 2011 Periodic Report	(October 1, 2010, thro	ugh December 31, 2010)	Mandatory

### IMPORTANT

Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

expenditures and has no outstanding campaign debt obligation)

- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (li) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$ 3,350 +\$ 300	\$ 3,650	\$ 18,425
Total amount of disbursements \$ 3, % 50 +\$ 87 39	s 3937 <sup>39</sup>	\$ 10,800 39
Total amount of cash on hand	\$ 7624 =	
I certify that I have examined this report and to the best of my k	nowledge and belief it is	true, accurate, and complete.

Authority: Refer to Miss, Code Ann. §23-15-801 (1972) et. seg. for statutory requirements.

Signature of Director or Treasurer

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Date

SEND TO: 1. Candidates for Statewide, State district, mutli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.

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Name of Candidate or Committee Committee to Fled Kelly Mins

Reporting period May 1 2010 through May 31, 2010

ITEMIZED RECEIPTS

A. Source:   Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rhett Russell	5117110	\$ 300
Mailing Address	11	\$
City, State, Zip Code Jopelo, W.S		\$
Name of Employer (Required) Se/		\$
Occupation (Required)  Attorney	Aggregate year-to-date	\$ 300
B. Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sak Smith	5 125 1 10	\$ 300
Mailing Address		\$
City, State, Zip Code Jupelo, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
James Stefory Brown	5 12\$ 1 10	\$ 500
Mailing Address		\$
City, State, Zip Code Pontotoc, MS		\$
Name of Employer (Required) Se 15		\$
Occupation (Required)	Aggregate year-to-date	\$ 500
D. Source:   Corporation   PAC Individual   Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name		s
Mailing Address		s
City, State, Zip Code		\$
lame of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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ame of Candidate or Committee	Committee	totle	Relly	Mins			

Reporting period\_\_\_\_\_ through

# ITEMIZED RECEIPTS

A. Source:   Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Victor Fleitas	5 128 110	\$ 250
Mailing Address	1_1_1	\$
City, State, Zip Code Jopelo, MS		\$
Name of Employer (Required) Self - Htorney al Law		\$
Occupation (Required)  Attorney	Aggregate year-to-date	\$ 250
B. Source: Corporation PAC Thidividual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Larry Mins	5 1281 (0	\$ 1000
Mailing Address		\$
City, State, Zip Code Planterwille, M3	_'_'_	\$
Name of Employer (Required) Refired		s
Occupation (Required) Refused	Aggregate year-to-date	\$ 1000
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Laverne Mins	11	\$ 1000
Mailing Address		\$
City, State, Zip Code Plantersoitle, MS		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000
D. Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$

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Name of Candidate or Committee Commit	tee to Elect	Kelly Mims			
Reporting period May 1, 2010	through	Man 31, 2010			

# ITEMIZED DISBURSEMENTS

\*Reporting period May 1,2010

A. Full name Bloe Dot group, 110	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	517110	\$ 3,000
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 9,000
B. Full name Ben Logan	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5 1 101 10	\$ 500
City, State, Zip Code Topelo, MS		s
Purpose of Disbursement (Optional)  Office Rent	Aggregate Year-to-date	\$ 1,000
C. Full name Dale Rushing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	517110	\$ 350
City, State, Zip Code		s
Purpose of Disbursement (Optional)  T Shirts	Aggregate Year-to-date	s 350
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	s
City, State, Zip Code	_'_'_	s
Aggregate Year-to-date		s
E. Full name (Mo., D		Amount of each disbursement this period
Mailing Address	_'_'_	s
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code	'	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s